

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581564

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				2		
4						
5						
6						
7						
8						
9						
10				2		
11						
12						
13				2		
14						
15						
16				2		
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25						
26				2		
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29						
30				2		
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36				2		
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49				2		
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53				2		
54						
55						
56						
57						
58						
59			/			
60						
61						
62						
63						
64			/			
65			/			
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67			/			
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72						
73			/			
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79						
80						
81						
82						
83				1		
84						
85						
86				3		
87						
88						
89				3		
90						
91						
92						
93						
94						
95						
96						
97				2		
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			30			

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1			
102				1		
103			1			
104				1		
105				2		
106				1		
107				3		
108				3		
109				3		
110						
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148						
149						
150						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		14	←		←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						